



Idaho Council on Developmental Disabilities

## 2006 DISABILITY MENTORING DAY PROJECTS

### APPLICATION FOR FUNDING

Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City ZIP*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe your organization or group in terms of activities involving people with developmental or other disabilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your plans for Disability Mentoring Day:

Types of activities planned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and Location(s): \_\_\_\_\_  
\_\_\_\_\_

Organizational partners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outreach efforts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated number of participants: \_\_\_\_\_

Other information about your project that we should know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use additional paper as needed to adequately describe your project.

Applications may be mailed, faxed (208-334-3417) or emailed ([msword@icdd.idaho.gov](mailto:msword@icdd.idaho.gov))

**DEADLINE** for receipt of application: **5:00 pm, Friday, September 22, 2006**